

permits, i.e.: mechanical, electrical, building)

Town of North Haven Plumbing Permit Application

Telephone (203)239-5321 Ext. 405

Fax. (203)234-8375

	Residential:	Non Residential:		
Property Location:		Bus. Name:		
Unit/floor:				
Owner Name:		Telephone:		
Address:		FAX:		
Address:		F_mail:		
Applicant is:	Owner Contractor	Other:		
		(explain)		
Contractor:		License # and Type:		
Name:		Expiration Date:		
Address:		Telephone:		
Address:		FAX:		
E-mail:				
	DPOIECT	INFORMATION		
	FROJECT	INIONIVIATION		
	Codes for Project: (The code to which ecticut are listed below. If you are uncertain of Building Code, Amended 2005, 2011		the requirements of the project. esign professional. 2009 I R C; 2013 amendments	
_	Existing Building Code	-	2003 International Mechanical Code	
	ergy Conservation Code w/Ct. amendments.	-	2003 International Mechanical Code	
	Accessible and usable buildings & facilities		2011 National Electric Code (NFPA70)	
Current Occupa Proposed Occup	·	Турс	e of Construction:	
Occupancy codes: A-1	to A-5, B, E, F1 or F-2, H-1 to H-5, I-1 to I-14,M,	Construction codes: IA or	B, IIA or B, IIIA or B, IV, VA or B	
R-1 to R-4, S-1 or S-	2. Occupancy classifications are listed in Ch. 3	Types of construction are	e described in Ch.6 of the	
of the International Build	ing Code. If you are uncertain of the cor-	International Building Co	International Building Code. If you are unsure of the type	
rect occupancy code,	please contact your design professional.	of construction, please co	ontact your design professional.	
Value of Work: \$		Permit Fee: \$		
(include labor and mat	•			
(<u>Do not</u> include value	of work to be submitted on separate	Other Fee: \$		

(OVER) Revised 3-18-2013

	REQUIRED ATTACHMENTS (Prior to any review process the following must be provided)					
Minimum attachments:						
	Plot plan-To scale/Site plan (detailing the existing &proposed work to be done)or detailed plan of work to be performed* * (may require an A-2 survey, depending on scope of work)					
	Architectural plan detailing the Existing Building and Proposed work. (1) set to Fire and (1) sets for Building Plans must show: Current &proposed use in <u>all</u> spaces including sq feet of proposed work area and total sq feet of Bldg					
	Proof of Workers' Compensation Insurance of Affidavit.					
	Additional materials MAY be required depending on the nature of the property and project. If you are					
PR	unsure whether these are required, please review this list with the Building Inspector. PROVIDED WILL PROVIDE: / understand that / cannot					
receive a permit until this has been obtained						
	Zoning/Land Use Approval	\sqcup				
	Fire Marshal Approval					
	Stamped Engineer Drawings					
	Statement of Special Inspections, signed					
	Documentation of (Energy Efficiency Compliance)*	* www.energycodes.gov				
	OTHER	П				
	#First Flr #Second Flr #	Third Flr #Other:				
	Bath Tub					
	Shower ————————————————————————————————————					
	Sink					
	Water Closet					
	Urinal					
	Dish Washer					
	Washing Mach					
	Water Heater					
	wtr fountain					
	Sewer Ejector					
	floor drain					
	Grease Trap					
	Sprinklers					
	Other					
						
	ADDITIONAL REQUIREMENTS MAY B	E NECESSARY PRIOR TO C/O				
APPLICANT: I hereby certify the I am the Owner of the property which is the subject of this application, or the authorized agent of the property owner and have been authorized to make this application. I understand that when a permit is issued, it is a permit to proceed and grants no right to violate the State Building						
Code or any other code, regulation, ordinance or statute, regardless of what might be shown or omitted on the submitted plans and specifications. All information contained within is true and accurate to the best of my knowledge and belief. All permits approved are subject to inspections. In addition I authorize the Town of North Haven to properly dispose of all residential construction plans two (2) years after issuance of the Certificate of Occupancy or Final inspection, unless written request is submitted to the Building Office prior to that time.						
	APPLICANT SIGNATURE	DATE				
	Zoning Official Signature	DATE				
	Fire Marshal Signature	DATE				
	Tax Collector	DATE				
	Building Official Signature	DATE				

(OVER) Revised 3-18-2013